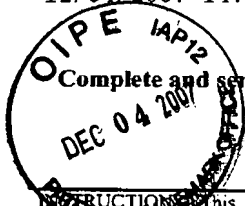


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
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10/29/2007

OFFICE OF THE STAFF JUDGE ADVOCATE (SKS)
 U.S. ARMY MED. RESEARCH & MATERIEL COMMAND
 504 SCOTT STREET
 ATTN: MCMR-JA (MS. ELIZABETH ARWINE)
 FORT DETRICK, MD 21702-5012

12/05/2007 HDEHES2 00000054 210380 09960315

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Jill Lane Caldwell	(Depositor's name)
<i>Jill Lane Caldwell</i>	(Signature)
December 4, 2007	(Date)

01 FC:1501 1440.00 DA

02 F:1501 1440.00 DA

03 F:1501 1440.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09960.315	09/24/2001	Robert W. Wannemacher	034047.004CON1	6514

TITLE OF INVENTION: DEGLYCOSYLATED RICIN TOXIN A-CHAIN VACCINE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	01/29/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
VANDERVEGT, FRANCOIS P	1644	424-731000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Elizabeth Arwine

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

United States of America as Represented
 by the Secretary of the Army

U.S.A.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☒ Government

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Elizabeth Arwine

Date 4 December 2007

Typed or printed name ELIZABETH ARWINE

Registration No. 45,867

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